Docket No.: 117057

APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

			only one name is listed below) or an or claimed and for which a patent is sou	
			OTH ARRAY PRINTBARS REC	
PRINTER				
described and cl	aimed in the speci	fication:		
Check one				
*a.	attached here			
b.	filed on	as Application No and am	ended on (if applicable).	
			ntents of the above-identified specifica	tion, including the claims, as
	amendment refer			
			ion known to me to be material to paten	tability as defined in Title 37,
	Regulations, §1.5			
			he following foreign application(s) and in one year prior to this application are l	
States of Americ	ca either (a) more		icate on this invention were filed in co ion, or (b) before the filing date of the	
	o transact all busi J: K Ec M Joel S	ness in the Patent Office: umes A. Oliff, Reg. No. 27,075; Wi irk M. Hudson, Reg. No. 27,562; T lward P. Walker, Reg. No. 31,450; ario A. Costantino, Reg. No. 33,56		·
			PPLICATION SHOULD BE SENT	TO OLIFF & BERRIDGE,
PLC, P.O. BOX	19928, ALEXA	NDRIA, VIRGINIA 22320, TELE	PHONE (703) 836-6400.	
own knowledge were made with	are true and that the knowledge th Title 18 of the U	all statements made on information at willful false statements and the l	and belief are believed to be true; and ike so made are punishable by fine or ifful false statements may jeopardize the	further that these statements imprisonment, or both, under
Typewritten	Full Name			
of First or Sole Inventor		Gary	A.	KNEEZEL
		Given Name	Middle Initial	Family Name
**Inventor's	-		Megel	
**Date of Sig	gnature:		October 31,	2003
		Month	Day	Year
Residence:		Webster	New York	U.S.A.
		City	State or Province	Country
Citizenship:	United State	-	5 5. 1. 16 · 110 · 1	Cosnay
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	mailing addre			

including country)

Webster, New York 14580, USA

^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1 Typewritten Full Name of Second Joint Inventor (if any)			Yoshihiko		EI III AI III A
y S.	ecomi somi inventor (ij unj	<i></i>	Given Name	Middle Initial	FUJIMUJRA Family Name
2	**Inventor's Signatur	re·		Rihiko Fujimwan	ranny Name
3	**Date of Signature:		- fixed	/3//2003	
			Month	Day	Year
R	esidence:	Fujisawa		•	JAPAN
10		City		Kanagawa State or Province	
Ci	itizenship: Japan	— City		State of Province	Country
	(Insert co mailing a	ddress,	4-30-13 Ishikawa		
_	_	country)	Fujisawa-shi, Kanaga	wa 252-0815 JAPAN	
1	Typewritten Full Na	ıme			
of Th	ird Joint Inventor (if any)				
_	*** . 1.0" .		Given Name	Middle Initial	Family Name
2	**Inventor's Signatur				-
3	**Date of Signature:				
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l <i>of Fo</i>	Typewritten Full Na urth Joint Inventor (if any)				
2	**Inventor's Signatur		Given Name	Middle Initial	Family Name
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of Fift	th Joint Inventor (if any)				
2	**Inventor's Signatur	re:	Given Name	Middle Initial	Family Name
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This f rm may be executed nly when attached t the first page f the Declarati n and P wer f Att rney f rm f the applicati n to which it pertains.